January 17, 2020

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8010  
7500 Security Boulevard  
Baltimore, MD  21244

RE: Request for Feedback on Scope of Practice  
Submitted via email: PatientsOverPaperwork@cms.hhs.gov

Dear Administrator Verma:

On behalf of the 53 undersigned members of the Nursing Community Coalition, we write to express our strong support for Section 5 of the President’s recent Executive Order (EO) #13890 on Protecting and Improving Medicare for Our Nation’s Seniors and provide our feedback on removing Scope of Practice barriers. The contributions made by nurses, including Advanced Practice Registered Nurses (APRNs), are critical to the delivery of high-quality, lifesaving, preventive, and palliative health care across all care settings, geographic areas, and social determinants of health. Removing outdated barriers by updating Medicare regulations, and allowing APRNs to practice at the top of their licensure, is imperative to achieving access to high-quality, cost-effective health care. We appreciate CMS’ continued work to reduce regulatory burdens, most recently in student documentation requirements of E/M services, and request further implementation of the ideals outlined in Section 5, as well as other recommendations below, that align with this request for feedback.

The members of the Nursing Community Coalition represent the cross section of education, practice, research, and regulation within the nursing profession. With over four million licensed Registered Nurses (RNs), Advanced Practice Registered Nurses (APRNs), and nursing students, the profession embodies the drive and passion to ensure the health of patients, families, and our nation continues to improve. In fact, as of 2017, over 182,000 APRNs were treating Medicare patients. This number is only expected to grow, as more than 100,000 nursing students are currently enrolled in APRN programs and will serve as our nation’s next generation of expert providers. APRNs are the backbone of our nation’s

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1 APRNs include certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNs) and nurse practitioners (NPs).
health care system providing care to all communities, including our vulnerable and underserved populations.

A prime example of how removing barriers to practice for APRNs increases access to care for all patients is in our continued work combatting the opioid epidemic. The Medicaid and CHIP Payment and Access Commission (MACPAC) recently found that authorizing NPs and PAs to prescribe medication-assisted treatment led to a substantial increase in access to treatment for patients, particularly in rural and underserved areas. APRNs are critical in treating patients, including those with substance use disorders, and are sometimes the sole providers of this care in medically underserved areas that struggle to recruit and retain health professionals.

We appreciate CMS’ focus on Section 5 of the EO and suggest the following barriers are removed to allow Medicare patients the ability to access services APRNs can provide and ensure these providers are able to practice to the full extent of their education and clinical training. These recommendations include, but are not limited to:

- Authorize APRNs to certify patient eligibility for home health care services and document the face-to-face assessment.6
- Update Medicare facility Conditions of Participation to authorize APRNs to practice to the full extent of their education and clinical training in all settings. This includes removing unnecessary physician supervision requirements.7
- Consistent with Section 5(c) of the Executive Order, end reimbursement disparities and ensure that APRNs are appropriately reimbursed across all HHS programs for the work performed rather than their occupation.

Again, we commend Section 5 of EO #13890 Protecting and Improving Medicare for Our Nation’s Seniors and appreciate CMS’ support and commitment to America’s patients. Your efforts to find ways to reduce barriers that impede access to quality health care are greatly appreciated. We look forward to our continued work with CMS and if our organizations can be of any assistance, or if you have any questions, please contact the Nursing Community Coalition’s Executive Director, Rachel Stevenson, at rstevenson@thenursingcommunity.org or at 202-463-6930, ext. 271.

Sincerely,

Academy of Medical-Surgical Nurses
Academy of Neonatal Nursing
American Academy of Ambulatory Care Nursing
American Academy of Emergency Nurse Practitioners
American Academy of Nursing
American Association of Colleges of Nursing

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6 Code of Federal Regulations Title 42 Parts 409, 410, 424, 440 and 484.

7 42 C.F.R.§ 482.52 -- Condition of participation: Anesthesia services; 42 C.F.R. § 416.42(b)(2) -- Conditions of Coverage: Surgical Services; 42 C.F.R. § 485.639 -- Conditions of Participation: Surgical Services. 42 C.F.R. § 482.12(c)(1)(i), (c)(2), (c)(3), (c)(4)--Condition of participation: Governing body; 42 C.F.R. § 482.22(b)(3), (c)(5)(i)--Condition of participation: Medical staff; 42 C.F.R. § 482.1(a)(5) Basis and Scope. 42 C.F.R. § 482.22(b)(3), (c)(5)(i) Condition of participation: Medical Staff; 42 C.F.R. §485.631; Skilled Nursing Facility admission/mandatory visits- 42 C.F.R. § 483.20, 42 C.F.R. § 483.30.; Inpatient Rehabilitation Facilities- 42 C.F.R.